U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2/9/	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Joseph M Erdey	Name Actors' Equity Association
	Labor Organization File Number 006-029
P.O. Box, Bidg., Room No., if any Actors' Equity Association	P.O. Box, Building and Room Number, if any
Street 165 W. 46th St.	Street 165 W. 46th St.
City New York	City New York
State New York	State New York ZIP Code + 4 10036-2598
5. Position in labor organization. Traveling Business Representa	itive
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Carousel Dinner Theatre	11/2/04- dinner/ticket: CATS
Trade Name, if any:	
P.O. Poy Pide Deem No. if any	
P.O. Box, Bldg., Room No., if any	7.b. Armount.
Street 1275 East Waterloo Rd.	
City Akron	\$45
State Ohio ZIP Code + 4 44306-3857	The control of the co
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Image M	On 8/2/2005 212-869-8530
Hoseph ! (paly	On 8/2/2005 212-869-8530 Date Telephone Number